325th Medical Group Levitra (Vardenafil) Prescribing Worksheet

This worksheet is to be completed in lieu of DD Form 2081 (non-formulary request) and submitted along with a hand written prescription. Prescriptions are restricted to a quantity of six per month or eighteen per 90 days. The questions and worksheet are based on DoD guidelines and have been approved by the 325th MDG Pharmacy & Therapeutics Function.

Note: If the use Viagra is determined to be medically necessary, a Medical Necessity Form must be completed.

Section I Date	Sponsor SSN#		
Patient Name	Pt phone #		
1. Is the patient 50 years of age or older? (Not required to complete section II for	male patients 50 years of age and older.)	Yes	No
2. Is the patient receiving concomitant therapy with a nitrate?		Yes	No
Section II 1. Is Levitra being prescribed for the treat (History of inability to ever achieve an ere effective for the treatment of primary erec	ection; Levitra has not been shown to be	Yes	No
2. Is the patient receiving any drugs that of the specify drug (contributing to expect the specify drug contributing to expect the specific drug contributing the specific drug contribution drug contributing the specific drug contributing the specific drug contribution drug contribut		Yes	No
3. Is Levitra being prescribed for the treatment of impotence of organic origin?		Yes	No
4. Diagnosis (causing organic impotence) Diabetes Peripheral vascular disease Spinal cord injuries Multiple Sclerosis other (Explain)	 Radical prostatectomy Microvascular disease Neuropathy s/p pelvic irradiation 		
Section III			
Provider Printed Name	Signature		
Section IV			
Pharmacist Signature	Date		